



## TRANSACTION RECOVERY FUND CLAIM

Type of Claim	X
Contractor Recovery Fund	<input type="checkbox"/>
Real Estate Recovery Fund	<input type="checkbox"/>

Please answer ALL questions completely and accurately. Failure to answer all of the questions or to provide any additional documentation required by this form, will result in a delay of processing your claim.

**THIS CLAIM MUST BE FILED WITHIN TWELVE (12) MONTHS OF THE FINAL JUDGMENT DATE OR YOU WILL NOT BE ELIGIBLE TO BE REIMBURSED FROM THE FUND.**

- Name of Claimant(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone & Facsimile Numbers

(    )    -	(    )    -	(    )    -
Daytime Telephone	Cellular	Other Contact Number
- Attorney's name (if you do not have an attorney write "none" and go to question number 3) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone & Facsimile Number

(    )    -	(    )    -	(    )    -
Telephone	Facsimile	Other Contact Number
- Name of Licensee \_\_\_\_\_

License Number (if known) \_\_\_\_\_
- a. Do you or does your business hold a current or expired Contractor or Real Estate License?

No ☐

Yes ☐ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

b. Are you the personal representative of a real estate salesperson or broker?

Yes ☐ No ☐

c. Are you an employee of the licensee or an employee of the licensee's spouse or child that you are making the claim against?

Yes ☐ No ☐

d. Are you the spouse or child of the licensee you are making the claim against or the personal representative of that spouse or child?

Yes ☐ No ☐

- e. Do you operate as a financial or lending institution?  
 Yes ☐ No ☐
- f. Does your business involve the construction or development of real property?  
 Yes ☐ No ☐
- g. Are you a vendor of the licensee you are making the claim against?  
 Yes ☐ No ☐

5. What best describes this property? (Check One)

- ☐ a. Primary Residence ☐ e. Utility Structures  
☐ b. Secondary Residence ☐ f. Time Share  
☐ c. Investment/Rental Property ☐ g. Other (please describe) \_\_\_\_\_  
☐ d. Vacation Home \_\_\_\_\_

6. a. To your knowledge has the licensee filed for bankruptcy?

Yes ☐ No ☐

If yes, what district? \_\_\_\_\_ If no, continue to number #8

In order to file a claim where the licensee has filed for bankruptcy protection, you must file a complaint with the appropriate bankruptcy court and provide proof of that claim and an order determining the dischargeability of the debt with this claim form.

7. a. Bankruptcy claim amount \_\_\_\_\_

**You must attach a copy of the proof of claim, received from the bankruptcy court, with this claim application.**

b. Court Costs \_\_\_\_\_

c. Attorney Fees \_\_\_\_\_

**TOTAL AMOUNT OF CLAIM**

Continue to item #9

8. a. Date of Judgment \_\_\_\_\_

**You must attach a certified copy of the judgment, received from the court, with this claim application.**

b. Amount of Judgment \_\_\_\_\_

c. Court Costs \_\_\_\_\_

d. Attorney Fees \_\_\_\_\_

**TOTAL AMOUNT OF CLAIM**

9. a. Have you attempted to conduct debtor interrogatories?

**You must attach a copy of the summons to conduct debtor interrogatories, with this claim application.**

Yes ☐ No ☐ (if no, go to 9d)

b. If yes, what date? \_\_\_\_\_

c. List any assets revealed by these interrogatories, if none, write "none" (you may attach a separate sheet):

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d. If you were unable to conduct debtor interrogatories, please provide an explanation with supporting documentation. If you attempted to serve the licensee with notice to conduct interrogatories, please provide a copy of that service attempt.

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- [illegible]

- Yes ☐ No ☐

12. **ASSIGNMENT OF CERTAIN RIGHTS**

I /we submitted a claim for payment from the Virginia's Contractor Recovery Fund (the Fund) established under the Department of Professional and Occupational Regulation (DPOR), a Virginia state agency, pursuant to Title 54.1, Chapter 11, Article 2, of the Code of Virginia or the Virginia's Real Estate Recovery Fund (the Fund) established under DPOR, a Virginia state agency, pursuant to Title 54.1, Chapter 21, Article 2 of the Code of Virginia.

As a condition of receiving payment from the Fund, I/we assign to DPOR any money, securities or debt instruments, in any form, and any other assets that I receive in the future from the Regulant up to the amount that I received from the Fund. I will not collect or receive that portion paid to me out of the Fund.

I/we irrevocably appoint and assign DPOR as lawful attorney in fact, with power of substitution and revocation, for DPOR's own use and DPOR's own cost and charges, to demand and receive from the Regulant that portion paid to me out of the Fund, and take executions, and to take in DPOR's name all lawful ways and means to recover the money paid to me out of the Fund. I agree not to release or discharge the Regulant from the money owed me without DPOR's consent.

13. **NOTARIZED STATEMENT: Signature(s) must be witnessed by a Notary**

OATH: I/we swear that I/we are the claimant(s); that I/we have read and understand the contents of the claim, the affidavit of facts (item 10) and the assignment of certain rights (item 11) and that the foregoing statements and answers are true and complete to the best of my/our knowledge and belief, and I/we have not suppressed any information that might affect the Board's decision to approve this claim.

Name _____	Name _____
Signature _____	Signature _____

**THE FOLLOWING SIGNATURE MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER COURT OFFICIAL AUTHORIZED TO TAKE ACKNOWLEDGMENTS.**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on this day \_\_\_\_\_ whose name(s) is/are signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My Commission Expires: \_\_\_\_\_ Signature: \_\_\_\_\_

How did you hear about DPOR?		
Newspaper <input type="checkbox"/>	Radio <input type="checkbox"/>	DPOR speaker, contact <input type="checkbox"/>
TV <input type="checkbox"/>	Internet <input type="checkbox"/>	Other <input type="checkbox"/>